ASSESSMENT OF SOCIAL FUNCTIONING

VETERANS ADMINISTRATION HOSPITAL-MARION, INDIANA

A THESIS

SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR

THE DEGREE OF MASTER OF SOCIAL WORK

BY

DOROTHY BROWN HENDERSON

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

JUNE 1963

R = V T = 72

12
36

ACKNOWLEDGMENTS

Researcher wishes to acknowledge gratitude to the thesis advisors, Messrs. Abraham Zuckerman, Ernie Webber, and Mrs. Barbara Whitaker; also the secretarial staff, Veterans Administration Hospital-Marion, Indiana, who offered assistance around selection of a sample from the social service files. Researcher also expresses gratitude to Mrs. Ferda Burden and the Marion Urban League Staff, who typed and mimeographed the schedules used in this project. Indebtedness to the Faculty Research Team and Dr. Joseph Golden is also acknowledged for their guidance and teaching of the method of scientific research.

DEDICATION

To Louis

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION

SIGNIFICANCE OF THE STUDY

This study, executed by social work students of the Atlanta University School of Social Work, class of 1963, is the second in a series of such studies designed to test the model for the assessment of social functioning. The assessment model was prepared by the Human Growth and Behavior and Research Committees of the Atlanta University School of Social Work.

Implicit in the literature is agreement among social work writers that assessment is important because it requires the worker to sift out pertinent facts from a mass of data and to organize these facts in such a way that he can develop an understanding of the phenomena with which he is working. Perlman has stated there is a recognized need for a conceptual scheme or model to be used in practice as one attempts to understand the individual.[1] Werner Boehm has pointed up the importance of assessment by including it as one of the four core activities of all social work.[2]

A review of the literature indicated that there were a variety of terms used to describe what we refer to in this study as assessment.

---

[1]Helen Perlman, "The Social Casework Method in Social Work Education," Social Service Review, XXXIII, (December, 1959), 424.

[2]Werner Boehm, "The Nature of Social Work," Social Work, III, (April, 1958), 17.

Elements of assessment are utilized by each of the social work methods. One of the most commonly used terms in casework is "diagnosis," which has been defined by Mary Richmond as an attempt to arrive at as exact a definition of the social situation as possible. Investigation, or the gathering of evidence, begins the process. She concluded that critical examination and comparison of evidence is the basis for interpreting and defining the social difficulty.[1]

In a 1957 publication Helen Perlman defined diagnosis as:

> ...the mental work of examining the parts of a problem for the import of their particular nature and organization, for the interrelationship among them, for the relation between them and the means to their solution.[2]

In a more recent article which reflects Helen Perlman's current thinking on casework diagnosis she stated:

> ...In the traditional sense we do not diagnose, since diagnosis implies the existence of a classification system. It means the placement of a case within a type or category of like cases. Social casework does not at present have generally accepted categories of social malfunctioning, whether of the individual or of his social milieu.
>
> What we attempt in practice, with greater or lesser success, is to assess or appraise a person-problem-situation complex. We assess (whether we are aware of it or not) in relation to the solution that the person wants and those he can get. It can be and has been argued that this is as much as we need to do in an individual case. But the problem of the development of an organized body of knowledge about the nature of the social ills that beset or are perpetrated by people would remain unsolved.
>
> The truly diagnostic system casework has repeatedly used has been that of psychiatry. By this we have attempted to classify personality dysfunctions. There have been differences of opinion about whether clinical diagnosis is a valid diagnosis expectation or even an allowable authority

---

[1]Mary Richmond, Social Diagnosis (New York, 1917), p. 51.

[2]Helen Perlman, Social Casework (Chicago, 1957), p. 164.

> to delegate to casework. There are no differences of opinion to my knowledge, on the proposition that personality diagnosis cannot be the whole of a casework diagnosis.[1]

Significant in Helen Perlman's more recent thinking is her emphases on including the "social" in casework diagnosis, and her voluntary admittance that she has no operational definition for "social diagnosis."[2]

From Werner Boehm's book, included in the curriculum studies, we can see how the term assessment is emerging into use in the casework method. Here he refers to assessment as one of the four core activities in the social casework method, and defines it as the identification and evaluation of those social and individual factors in the client's role performance which makes for dysfunction, as well as those which constitute assets and potentialities.[3]

Evaluation, as used in group work, is a term which, though not identical, contains essential elements of assessment, namely the evaluation of the problem.

> ...evaluation is that part of social group work in which the worker attempts to measure the quality of a group's experience in relation to the objectives and functions of the agency .... It calls for the gathering of comprehensive evidence of individual members' growth. Evaluation begins with the formulation of specific objectives for individuals and groups. It is then necessary to clarify the objectives by identifying individual

---

[1]Helen Perlman, "The Role Concept and Social Casework: Some Explorations. II What Is Social Diagnosis?" Social Service Review, XXXVI (1962), 18.

[2]Ibid., 17.

[3]Werner Boehm, The Social Casework Method in Social Work Education (New York, 1959), p. 47.

and group behavior which can be properly interpreted as representing growth for the persons involved.[1]

This definition implies that it is necessary to study the individual who is a part of the group in order to assess growth properly. We recognize study as a basic component of assessment.

In community organization there are several terms which contain elements of assessment, but the term itself is used infrequently in this particular method of practice.

To date, careful recording of community organization activities have been limited. Consequently there is no sound basis for an adequate scientific analysis of the methods of community organization; however, a study of a considerable volume of material in various settings suggested that there are several distinct major methods in community organization. These include programming, fact finding, analysis, evaluation and planning,[2] all of which are elements of assessment.

Other terms that are utilized in social work which include components of assessment are: study, study-diagnosis, social history, family diagnosis, psycho-social diagnosis, analysis, programming, fact-finding, psycho-dynamic formulation. Thus, the variety of terms used in social work to describe the same process reflected the need for a theoretical frame of reference or model for making an assessment of social functioning.

For the purpose of this study, assessment was defined as the identification and evaluation of those socio-cultural and individual factors

---

[1]Harleigh Trecker, Social Group Work (New York, 1955), pp. 217-218.

[2]Arthur Dunham, Community Welfare Organization (New York, 1958), pp. 34-35.

in role performance which make for social dysfunction as well as adequate social functioning.

In order to work effectively in a particular method, social work must command a considerable and growing body of specific knowledge. It was the responsibility of the practitioners and teachers to identify the additional knowledge and theory essential for practice. Some of the specific knowledge is derived from other disciplines but social workers must select from the total body of knowledge what is relevant for their use and test it out in their practice.[1]

Social work knowledge was drawn from two sources: (1) social work experience and (2) the contribution of other theories and disciplines. This makes for added difficulty in social work assessment. The compartmental lines in social work education were accentuated by the diverse behavioral science roots to which each segment attaches itself.[2] This diversity is compounded by the variety of concepts used and the vagueness of the language. Fuzzy thinking and poor communication were inevitable with such ill-defined concepts.

There was no universal agreement in the field of social work as to what factors should be included in assessment. Abrams and Dana included certain assessment factors in their discussion of social work rehabilitation.[3] Ruth Butler suggested that some of the components which were

---

[1]Harriet M. Bartlett, Analyzing Social Work Practice by Fields (Cambridge, 1961), pp. 52-53.

[2]Henry Maas, "Use of Behavioral Sciences in Social Work Education," Social Work, III (July, 1958), 63.

[3]Ruth Abrams and Bess S. Dana, "Social Work in the Process of Rehabilitation," Social Work, II (October, 1957), 12.

more readily accepted are motivation, competence in interpersonal relationships and patterns of adaptation. She emphasized that the task of social work was to select the component which it sees as important to assess when evaluating one's potential for social functioning.[1] Irving Spergel proposes a "multi-dimensional model or approach to social work practice."[2] Authorities and practitioners are continuously attempting to identify elements of assessment. Harriet M. Bartlett has recently constructed a model which sets forth the elements of assessment in medical social work.[3] Our model is another such attempt to identify the specific components in assessment (see Model Appendix A.).

In conclusion we can say that there is still a great deal of confusion in the field as to the nature of assessment. We can say, however, that the process is used in all three social work methods. From the literature we found that the process is not called "assessment" as such across the board, but other terms are used. These terms seem to be defined differently in the three methods. Still further, there is no set procedure even within a method. Despite all of this, assessment is a definite process in giving social work help, and it requires further investigation.

---

[1]Ruth M. Butler, An Orientation to Knowledge of Human Growth and Behavior in Social Work Education (New York, 1959), p. 53.

[2]Irving Spergel, "A Multidimensional Model For Social Work Practice: The Youth Worker Example," Social Service Review, XXXVI (March, 1962), 71.

[3]Harriett M. Bartlett, Social Work Practice in the Health Field (New York, 1961), pp. 178-184.

Purpose

The purpose of this study was to test the model[1] of assessment of social functioning prepared by the Human Growth and Behavior and the Research Committees of the Atlanta University School of Social Work by finding out what data are included in social work assessment of social functioning. Researcher accomplished this purpose by studying Social Work Service records at Veterans Administration Hospital, Marion, Indiana.

More specifically, this study was designed to ascertain to what extent there is correspondence between assessment information obtained by the social work unit-Veterans Administration Hospital, Marion, Indiana - and the factors in the model.[2]

Method of Procedure

The beginning phase of this project was carried out through the participation of twenty-seven second year students of the Atlanta

---

[1]The kind of model referred to in this study involves the construction of a symbolic record for reaching decisions. It may be seen as "a way of stating a theory in relation to specific observations rather than hypotheses... the model structures the problem. It states (or demonstrates) what variables are expected to be involved." Martin Loeb, "The Backdrop for Social Research," Social Science Theory and Social Work Research (New York, 1960), p. 4.

[2]"Model" does not imply the correct, approved, or ideal way of carrying on social work assessment. It is expected that assessment may vary according to agency, field practice, core method, mode of recording, and other variables. Therefore no evaluation of agency records is intended, nor could such an evaluation be an outcome of this study.

University School of Social Work, during their six-month block field placement.

The data used in this specific project were gathered from the social service records of the Veterans Administration Hospital, Marion, Indiana, where researcher was placed for advanced field work.

Since this was a social work project, the data selected was taken from agency records dealing with the rendering of social services. So that the data would be characteristic of the agency's present records, the study utilized records that were closed within a one-year span (June 1, 1961 - May 31, 1962). This lessened the number of records to be considered, and gave a sample of the way in which assessment was currently being performed by the agency. In addition, the closed records were more easily accessible, more complete, and therefore more useful. The closed records were out of general use by the agency, with the few exceptions of cases which had been reopened; therefore the study did not interfere with the agency functioning.

The sample used in this study was ten records of cases which had been accepted for social work service. This is based on the assumption that this number of cases will give an idea of the agency's current method of assessing social functioning for a given year. It may be noted that since the sample is small the findings will not be as representative of social functioning assessment as it might have been in a smaller agency, where the case population for the given year would have been much smaller.

In this specific study interval sampling was used. The total population of cases closed between June 1, 1961 and May 31, 1962 was 752 cases. Thirty cases were needed, as two student researchers were taking a sample

from this population, therefore we divided 752 by thirty, which gave an interval of twenty-five, We then went through the total sample selecting every twenty-fifth case. Ten of these records were used in the pilot study and twenty were used in the research study. Randomization was employed to select individual samples from the over-all sample.

Students placed in the Veterans Administration Hospital, Marion, Indiana, obtained information for writing a chapter on the history and description of the agency. This chapter was focused on the agency's philosophy and practice of assessment as it developed historically and included material on the type, size and location of the agency; also the development of its services.

Upon returning to Atlanta University School of Social Work from block field work, the data secured from agency records were analyzed by the technique of qualitative analysis. One of the first procedures was that of completing a descriptive analysis of the data for the purpose of tabulating the excerpts according to definition classifications. Tables were constructed to illustrate eight of the items on the schedule, i.e., incidence of data, person discussed in the excerpt, location of excerpt in the record, stage in agency contact when information was obtained, origin of data, source of data, breadth of data, and datum or interpretation.

Scope and Limitations

Researcher felt that inexperience in the research method was handicapping in carrying out this project.

The records analyzed were drawn from social service agencies used

for second year placements by the school. This means that the number of agencies sampled was minute, compared with all agencies in the United States. Furthermore the sample of agencies was not randomly selected. Another limitation is found in the nature of the agency records which were written in keeping with the agency's function in a host setting rather than for research purposes. The content of the records reflected the agency's method of assessment in keeping with the demands, policies, and practices of the host setting.

The selection of a sample in this agency posed a problem as a new ledger was utilized each fiscal year to record cases opened. Closures were recorded in these ledgers; but rather than recording them as they occurred chronologically the entry was made in the ledger in which the initial opening had been recorded. This meant that a case opened in 1930 (recorded in the 1930 ledger) and closed within the sample year (this occurred in more than half of the population sampled) was not recorded in the 1961-62 ledger but in the ledger in which it was initially opened. The statistics of the raw number of closures were known; but in order to find the sample involved, several ledgers had to be searched until the total of 752 cases had been found. This made the sampling procedure more cumbersome.

In addition, the changes made by the Faculty Research Team after the beginning of the study deleted the probability of obtaining information which reflected only current methods of assessing social functioning, as when the entire record was studied, rather than the sample year, information was obtained of social work activities as far back (in one instance) as 1926.

CHAPTER II

THE SETTING

Marion Founded in 1831
as a County Seat of
Grant County
Named for General Francis
Marion was Queen City of
Gas Belt During the Indiana
Natural Gas Boom.[1]

Fifty-seven years after Marion was founded Congress passed legislation for the construction of a soldier's home in a bill approved by President Grover Cleveland on July 23, 1888. Historical records accredit Colonel George W. Steele, a Marion resident and representative to Congress from the 11th District for the leadership in securing Marion as the location for this institution.

There were 586 members when the Home opened.... Fourteen temporary barracks housed these members.[2] A yearbook published in 1908 describes the air of the hospital during the early 1900's. It was portrayed as

> A city within itself, having in addition to magnificent quarters with all the modern conveniences, bathing facilities of the best, a magnificent hospital with all modern equipment, the very best food money will buy, and plenty of it, splendid cooks, clothing always kept clean in our own laundry and renovating establishment, our own water works, electric light plant, hot water plant for all of the buildings, our own cold storage and ice plant, Protestant and Catholic Chapels,.... There are fifty commodious buildings all modern, including... dining hall, seating 1,092 members and fourteen barracks, one of which is

---

[1]Public Monument, Marion, Indiana (Lincoln Boulevard).

[2]Veterans Administration Hospital, Annual Report (Marion, Indiana, 1961), p. 1.

> equipped with dining room and kitchen, where men unable to go out to their meals may be served, as they are in the hospital...."[1]

Though military policy, in its strictest sense, was used by the Home,

> ...the members were free to come and go as they pleased. No buildings were locked, except the Guard House which was used for disciplinary purposes. The members discharge papers carried Honorable or dishonorable Discharges as it is done in the Armed Services.[2]

Because of the urgent need for additional facilities for the mentally afflicted of World War I, "the Marion Branch National Home for Disabled Volunteer Soldiers became a Neuropsychiatric Hospital in 1921, and was known as the Marion National Sanatorium."[3] The members of the Home were transferred to the Domicilary in Dayton, Ohio. "A passenger train was ordered to take the members to Dayton."[4] When the last member boarded the train the complexion of the grounds changed. Locks were put on the once opened front gate, bars were placed on the windows, patients were confined to buildings, very few, if any, passes were given to patients. A fence now surrounded the grounds. Good custodial care continued as the philosophy of the hospital.

---

[1]National Military Home (Marion Indiana: Teachers Journal Printing Company, 1908), Foreword.

[2]Interview with the Assistant Director, Veterans Administration Hospital, Marion, January 10, 1963.

[3]Ibid.

[4]Ibid.

Prior to 1930,veterans benefits were administered by three agencies, The Veterans Bureau, the War Risk Insurance Bureau and the Bureau of Pensions. With the passage of the Consolidation Act of 1930, these three agencies became the Veterans Administration.[1] "Since this agency was responsible for the administration of veterans' hospitals, the official designation of the hospital was then changed to Veterans Administration Hospital."[2] However, this change did not generally improve the plan of patient care; as the treatment methods were effected very little by this change in administrative function. "Five years later, 1935, the hospital un-locked the doors on some of the wards, and at this time more patients were given ground privileges. In 1936 the main gate was opened."[3] The fence which now surrounds the hospital's 210 acres was installed during the early 1950's.

Today the hospital has 120 buildings, of which twenty-two house patients. Of these twenty-two buildings, six were constructed in 1889, three in 1890, three in 1898, one in 1923 and 1943 respectively, and three in 1929. In 1958 building 138 was constructed as an admission and treatment building.[4]

---

[1]Letter from Miss Edna Snapp, former Chief of Social Work Service, Veterans Administration Hospital-Marion.

[2]Milton L. Martin, "A Comparison of The Worker's and Group Members' Evaluation of the Group Process," (Unpublished Master's thesis, Atlanta University School of Social Work, 1961), p. 4.

[3]Interview with the Assistant Director, Veterans Administration Hospital, Marion, January, 1963.

[4]Ibid.

Hospital Personnel and Philosophy

All employees of the hospital are divided into various services under the management of the Hospital Director, Assistant Director, and Chief of Staff. To assist the staff of professional medical personnel in administering the function of the hospital, the following services or divisions have been established: Physical Medicine and Rehabilitation, Social Work Service, Clinical and Counseling Psychology, Registrar, Engineering, Personnel, Fiscal, Pharmacy, Laboratory, Dental, Dietetics, Nursing, Supply, and Housekeeping.

The primary and uppermost purpose of all employees and their activities is directed toward the care and treatment of the patient. To provide patients with the highest caliber of treatment, all the modern methods of treating and caring for mental illnesses are utilized.[1] Whereas, a decade ago custodial care was the goal of the hospital, today the emphasis is on treatment and rehabilitation. Exit planning begins the moment the patient is admitted to the hospital.

To enhance the caliber of treatment and care of the patient, medical consultants are employed to visit the hospital to advise and assist the medical staff in implementing their medical program.

The hospital also has a Social Work Trainee Program wherein the hospital maintains affiliations with Atlanta and Indiana Universities. In addition the hospital also has a Psychology Trainee Program for Post-Graduate students from Purdue University and a Corrective Therapy Training

---

[1]Harold Menefee, "A Study of Social Assessment at The Veterans Administration N.P. Hospital Marion, Indiana," (Unpublished Master's thesis, School of Social Work, Atlanta University," 1962), p. 10.

Program for Ball State Teachers College students.

There is an extensive Volunteer Program composed of many different organizations in the Marion area, and the surrounding communities which supplements the work of the paid staff in numerous ways.

On November 19, 1962 the hospital inaugurated the Unit System. This system divided the NP Service into three separate entities, each operating with a full staff and an over-all coordinator of services. A rotation system is used for admissions. This change reflects the new approach to psychiatric care of the present Hospital Director.

Development of Social Work Service

According to historical records social services became an integral part of the medical program in 1926. However, between 1921 and 1926 "the Home Service Section of the American Red Cross furnished social services in Veteran Bureau Hospitals on a demonstration basis and when the federal government accepted responsibility (in 1926), the Red Cross withdrew."[1]

The program of the Red Cross was characterized by a large staff. Their records indicated that they had a program which was concentrated on social histories, contact with families and writing letters to relatives of patients.[2]

---

[1]Interview with the Assistant Director, Veterans Administration Hospital, Marion, January 10, 1963.

[2]Menefee, op. cit.

In 1926 Civil Service standards were formulated for Federal Social Workers; and Miss Irene Grant became the first social worker in the Central Office in Washington, D. C.

Miss Edna Snapp, the Chief of Social Work Services, Veterans Administration Hospital-Marion, from 1936-1957, records that Miss Bernita Oglibee had been here several years when she began her work in 1936. There is no record of the worker who preceded Miss Oglibee.

At the inception of social work services the social workers had, in addition to doing social histories, individual patient therapy etc., the responsibility of doing social surveys for Adjudication Boards and Diagnostic centers of the Regional Office. Twenty-two northeastern and north central counties were allotted to the Marion Veterans Administration Hospital in 1937.

> With the advent of World War II and the subsequent increase in patient population in the hospital, Regional Offices were informed that Marion Veterans Administration Hospital could no longer carry on field work. This decision later became policy, and all field work, with the exception of some trial visit work in the immediate vicinity, would be handled by Regional Office.[1]

Historical records indicated that social work service programs throughout the Veterans Administration Hospitals were marginal programs. At Marion there was only one social worker per 2,000 patients with monthly admissions of more than 200 and a rapid turnover by way of discharges and trial visits. At any rate, "social work service at Marion had the fullest cooperation of management."[2]

---

[1] Ibid.

[2] Ibid.

In 1943, the social work service staff was increased to seven workers including a chief and case supervisor. This expansion in staff broadened the scope of already existing services to more patients.

Mr. Abraham Zuckerman, the present Chief of Social Work Service, succeeded Miss Snapp after her retirement in 1957. During his first year as chief there were only two social workers, including himself. This period marked social work service at its lowest ebb since 1936. In contrast Social Work Service now has nine full time social workers, a flourishing Foster Care Unit which has placed over 250 patients in homes in the Marion and adjacent communities since 1958, Student Trainee Programs affiliated with Atlanta University and Indiana University, and a Group Therapy Program and the services of two consultants (Casework and Group Work). The ultimate goal was to at least double the number of staff social workers and thus to support in depth the numerous Casework and Group Work activities of the department. Prior to 1957 the Social Work Service staff members were confined to the one-to-one relationship. Today they also conduct Social Group Work Therapy directly with patients and in addition with family members (family group discussion).

Statistical reports on the Foster Care Program show that in 1957 there were only ten patients in foster care homes in the community. In 1958 the number was increased to twenty-two. Social Work Service was awarded a Letter of Commendation from Central Office for this increase. In 1959 there was an increase to forty-seven patients. This number was decreased by one in the following year, due to a change in workers. However, in 1961 there were two foster care workers and the number placed increased

to fifty-four patients. In 1962, seventy-five patients were placed on the program. Currently there are eighty patients on trial visit in foster homes and the program was still growing. Whereas the Marion Community was once the center of the program, today the program has extended to the adjacent communities of Kokomo, Fairmount, and Van Buren. Half-way Houses, Nursing Homes and Special Program Homes are also being utilized in returning patients to the community.

The program of social work services has been supported by increased staff. During the period which this research study was conducted, the Chief of Social Work Services viewed his staff as the protagonist of active treatment and rehabilitation programs for the patients; in accord with the goals of Central Office which are being carried out by Dr. Ranno, the Hospital Director, i. e., that the same beds can be used over and over again in treating a greater number of patients yearly. In 1957 the turnover of patients was small compared to the 800-1000 turnover last year. Social Work Service has taken an active role in offering increased services. The hospital management was supportive of Social Work Services, as well as vitally interested in their contribution to the hospital treatment program.[1]

Types of Problems

The Medical service was the referral source in all of the ten cases studied by one of the researchers. The referrals requested social work service around T. V. planning, admission summary, hospital adjustment, and

---

[1]Interview with Abraham Zuckerman, (Chief of Social Work Service, Veterans Administration Hospital, Marion, Indiana, January, 1963).

in one case marital counseling. The nature of the problems were viewed as referral source in eight of the cases, and in the remaining two cases problems were assessed differently, thereby Social Work Services were directed accordingly.

Philosophy and Method of Assessment in the Social Work Service Department of the Veterans Administration Hospital, Marion, Indiana

Overwhelmingly Social Work Service emphasized the sociological aspects in assessing the social functioning of patients. Therefore, no particular school of thought was rigidly favored in the assessment process. Clients were assessed as total human beings as they functioned or should function in their social milieu. The residual strengths of the individual patients were given primary focus; with social work efforts directed toward improved function in society, rather than transformation of personality. The patient was assessed only in his ability to carry out roles in society despite personality aberrations.

In this sense, the determining factor was not the aberrations per se, but the manner in which they interfered in the social functioning as a member of society.[1]

Of course, the knowledge, skill and experience of the individual worker, played a significant role in the manner which the philosophy and aims of Social Work Services were performed in worker-client situations.

---

[1] Ibid.

CHAPTER III

CONTENT ANALYSIS

These data were taken from the Social Work Service records of the Veterans Administration Hospital-Marion, Indiana. The hospital's chief function is to provide neuro-psychiatric services to veterans.

Researcher gathered the data during the period, September 1962 - February 1963; from ten records closed during the period from June 1, 1961 through May 31, 1962.

These records were of social service activities with patients (regardless of specific referral) who had been hospitalized for treatment of mental illness, i. e., chronic brain syndrome-associated with brain trauma; schizophrenic reaction-paranoid features; schizophrenic reaction-catonic features; and alcoholism with passive aggression, and depressive reaction.

The instrument used in this study was a schedule divided into two sections as follows: (1) personality factors, which included, innate or genetic potential; physiological functioning; ego functioning; degree of maturity; self-image; patterns of interpersonal relationships and emotional expressions related thereto; internalization of culturally derived beliefs, values, and activity-patterns, and norms; (2) socio-cultural factors, which included cultural derivations, and social structures and dynamics.

I. Personality Factors

A. Innate or Genetic Potential

Intellectual Potential.--This refers to the degree of adequacy to function in situations that require the use of the following mental

activities: perception; the ability to deal with symbols; the overall ability to mobilize resources of the environment and experiences into the services of a variety of goals; and that which can be measured by an IQ test.

Categories	Number of Excerpts
Perception	3
Use of symbols	0
Mobilization of environmental resources	4
Tests and measurements	1
Total	8

The table above indicated the assessment of clients intelligence capacity as seen by social worker. Researcher observed that the first three categories were more applicable for use by social workers in the setting where the study was conducted. Tests and measurements are administered by staff psychologist who do not consider testing routine functioning, therefore this information is not always available for the worker to incorporate into her record.

Excerpts

> ...he adjusted well to ward routine and was subsequently given ground privileges which he handled well.

> ...On admission the patient was alert....

Basic Thrust, Drives, Instincts.--These are tendencies present or incipient at birth, to respond to certain stimuli or situations: the innate propensity to satisfy basic needs, e. g., food, shelter, love, security.

Categories	Number of Excerpts
Motivation for attainment of goals	2
Satisfaction of physiological needs	0
Satisfaction of emotional needs	1
Total	3

There was an absence of classifiable data elicited by the workers from clients on this factor. However the researcher feels this was considered in a broad sense of assessing the clients ability to satisfy primary drives. Calvin Hall and Gardner Lindzey stated in their book, Theories of Personality, that:

> ... In the typical modern society secondary drive stimulation largely replaces the original function of primary drive stimulation. As this implies, the importance of the primary drives in most instances is not clear from casual observation of the socialized adult. It is only in the process of development, or in period of crisis (failure of the culturally prescribed modes of adaption), that one can observe clearly the operation of primary drives.[1]

Excerpts

> ...he seemed to lack a consistent motivation and he will need support in carrying through with additional plans.

The latter mentioned excerpt referred to the client's ability to carry out plans which would lead to satisfaction of primary goals.

Physical Potential.--Refers to general physical structure, size, skeleton and musculature; racial characteristics; bodily proportions; temperament; tempo; energy and activity level; bodily resilience and resistance.

Genevieve Hill related that "man is a product of his bio-phycho-socio-physio-cultural environment."[2] Hence the continuum of development

---

[1]C. S. Hall and G. Lindzey, Theories of Personality (New York, 1957), p. 428.

[2]Genevieve Hill, Lecture - Social Casework III, Atlanta University School of Social Work, Atlanta, Georgia, Summer, 1962.

would reflect an assessment of physical factors and their contribution to the growth of the organism: as

> ...Many biological conditions-infections, intoxications, physical traumas, malnutrition, emotional strain, fatigue either may lower the individual's stress tolerance and act as predisposing causes in mental illness or may themselves be the precipitating factor.[1]

Categories	Number of Excerpts
Physical characteristics	3
Temperament	0
Energy and activity levels	1
Resilience and resistance	0
Total	4

Excerpts

...enough brain damage to cause abnormal reactions....

...His mother indicated he was as strong as an ox.

...approximately 1955 ... he retired from disability.

Researcher observed that workers in the setting where the study was conducted gave much attention to the importance of physical functioning in assessing social functioning of clients. Perhaps the absence of data recorded on this factor reflected an assumption that this was taken for granted in working with neuro-psychotic clients thereby did not include this material in recordings. There is also the probability of this material not being recorded due to the medical setting where clinical records are available with such information in the patient's ward folder, and often in the social work service folder.

---

[1]James C. Coleman, Abnormal Psychology and Modern Life (Chicago, 1956), p. 15.

Physiological Functioning

A description of bodily function, normal and abnormal, health or illness according to the stage of development and effect it has on social functioning.

Categories	Number of Excerpts
Bodily function	6
Health - illness continuum	6
Total	12

Excerpts

...veteran had stomach surgery in which a large portion of his stomach was removed.

...another operation was performed on the head and a watery mass was removed. The veteran remained in ... a deep coma for approximately eleven days.

...The veteran had given two pints of blood since February which possibly led to some feeling of fatigue.

Researcher discovered that this factor was given considerable consideration in assessing social functioning. Goal expectations appeared to be planned within the overall range of the patient's physiological strengths. This factor was considered in planning within the hospital environment, i.e., ward facilities - in all interward transfers the patient's physiological potentials were considered carefully; also a determining factor in exit planning.

Ego Functioning (Intra - Psychic Adjustment)

Identifiable Patterns for Reacting to Stress and Restoring Dynamic Equilibrium.--Some examples are adaptive or defense mechanisms, e. g.,

repression, sublimation, denial, displacement, regression, and reaction-formation.

> ...Ego strength is not a static condition but must always be evaluated in relation to the age of the individual and the intensity of pressures.[1]

Adaptive and defense mechanisms are utilized both in health and in illness; and may be used positively or negatively. This is determined by an assessment of their usefulness to the individual in making an appropriate adjustment.

Categories	Number of Excerpts
Adaptive mechanisms	21
Defense mechanisms	5
Total	26

Excerpts

> ...He has exhibited an inability to manage finances, often forgetting that he has received his Social Security Benefits and accusing that office of keeping it from him.

This was an example of defense mechanism. Lindesmith and Strauss stated in their book on Social Psychology that:

> ...When the ego is threatened by impulses in disharmony with reality or social standards, conflicts and anxiety result. The ego reacts by erecting defenses against the threatened impulses.[2]

---

[1]Howard J. Parad (ed.), Ego Psychology and Dynamic Casework (New York, 1958), p. 45.

[2]Alfred R. Lindesmith and Anselm L. Strauss, Social Psychology (New York, 1956), p. 498.

Excerpt

> ...took the veteran to a hypnotist in Chicago who alleviated the drug problem. However, he substituted alcohol.

The above mentioned excerpt is an example of the negative use of an adaptive defense. The patient obviously used alcohol and drugs to alleviate stress.

Researcher found an abundance of data on this factor. Social Work assessment of client's functioning always involved this factor regardless of the referral. The focus of treatment was centered around appropriate and inappropriate use, and why the patient was reacting in this manner.

Internal Organization of Personality.--The degree of organization of parts of personality such as id, super-ego, and ego into a whole; personality integration, e.g., rigidity of ego function, capacity for growth.

Categories	Number of Excerpts
Personality (organization) integration	5
Capacity for growth-flexibility vs rigidity. . . .	1
Total	6

Excerpt

> ...the veteran has remained around home performing a few jobs but primarily sleeping and reading through the day appearing restless at night.

Parad has stated that

> ...the ego works unconsciously as well as consciously. It faces inward as well as outward, and that, confronted with the id, the super-ego, and external reality, it seeks to realize its interests as best it can.[1]

---

[1]Howard J. Parad, op. cit., p. 52.

Researcher observed that this factor was used most frequently in admission summaries which were used for diagnostic purposes; and in assessing the veteran's adjustment during periods of remission of the psychosis.

Degree of Maturity

This factor is judged by the adaptability to role performance in accordance with the person's physiological, intellectual, emotional being, stage of development and the integration of cultural, social and physical factors.

There appears to be agreement among writers and practitioners in the field that there are many cultural and individual factors to consider in an assessment of the maturity of clients; also that this factor is somewhat inseparable from personality integration. Coleman stated that:

> ...Behavior is considered mature when it is appropriate to the age level, the problems, and the adjustment resources of the individual.[1]

Categories	Number of Excerpts
Stage of development	1
Role performance	1
Total	2

Excerpt

> ...veteran remains dependent on his mother.

Researcher observed that although this factor appeared in the record a very limited number of times it appeared to be utilized in

---

[1]James C. Coleman, op. cit., p. 15.

forming diagnostic impressions of the clients frequently in the setting; thereby its absence in recording might be attributed to individual workers sifting of information which was felt important to record.

Self-Image

Self-Image refers to an individual's opinion concerning himself by which he can be described.

A person's frame of reference consists primarily of three kinds of attitudes: 1) reality attitudes, 2) ethical attitudes, and 3) fantasy attitudes. Of special significance here is his ego ideal - the picture of himself that he is striving to become, his aspirations for growth and behavior.[1]

Categories	Number of Excerpts
Objectivity (self-awareness or insight)	6
Sense of identity	3
Self-confidence	2
Sense of meaning	0
Total	11

Excerpts

...He always felt backward and inferior because of their lack of material advantages.

Of the ten records assessed with the research model eleven excerpts were found on this factor. In four records there were no recordings of evaluation made of the client's self-image; however, the six records in which data were recorded showed a disproportionate number of incidence and excerpts (see Table 1), which suggest that the workers saw this as an

---

[1] Ibid., p. 64.

important factor in enhancing the social functioning of their clients.

Patterns of Interpersonal Relationship and Emotional Expression Related Thereto

The reciprocal relationships between individuals in social situations and the resulting reactions, e.g., acceptance, rejection, permissiveness, control, spontaneity, flexibility, rigidity, love, hate, domination, submission, dependence, independence, etc.

The agency in which this study was conducted and the records used in this project reflected the importance of assessing the social functioning of clients in relation to the "problem to be worked,"[1] the interpersonal and environmental factors which created the stress which precipitated a breakdown in the client's functioning.

Categories	Number of Excerpts
Formulation of reciprocal relationships	13
Involvement in social situations	4
Total	17

Excerpts

...In this initial session the patient revealed a poorly concealed hostility and questioned the need of the worker to intercede in his personal problems... .

...The veteran's general relationship with his family remains basically unchanged....the mother treating her son like a child.

...she had remained much the same explosiveness, hostility toward the staff and her husband, and at other times cooperative and friendly.

---

[1]Helen Perlman, "The Role Concept and Social Casework: Some Explorations. II What Is Social Diagnosis?" Social Service Review, XXXVI (March, 1962), 20.

Harry Stack Sullivan related, in his new viewpoint on the "inter-personal theory of psychiatry," "that personality is a hypothetical entity which cannot be isolated from inter-personal situations and inter-personal behavior is all that can be observed as personality."[1]

Internalization of Culturally Derived Beliefs, Values, Activity-Patterns and Norms

Although there was an absence of excerpts listed under this category the researcher felt this too, was significant. Questions considered were:

1) Was this due to the inexperience of the researcher?
2) Is this a flaw in the research model?
3) Was this factor considered unimportant by the worker?
4) Did the agency's method of recording make it impractical to classify such data without reading researcher's interpretation (which might or might not be the client's feeling related thereto) into the excerpt?

Categories	Number of Excerpts
Acceptance - rejection (attitudes)	0
Conformity - non-conformity (behavior)	0
Total	0

Hilgard related it is one thing to know that a person holds a certain attitude, but it is something else to find out how important this attitude is to him.[2]

---

[1] Harry Stack Sullivan quoted in C. S. Hall and G. Lindzey, op. cit., p. 134.

[2] Ernest R. Hilgard, Introduction to Psychology (New York, 1957), p. 522.

This factor appeared important in assessing social functioning of clients in the agency which this study was conducted, as "religosity" when examined in comparison to a client's background might be re-evaluated as an internalized belief in an individual situation.

II. Socio-Cultural Factors

Cultural Derivations

Beliefs and Values.--These are prevailing attitudes or convictions derived from the culture which may have evolved rationally or non-rationally and is accepted without critical reasoning. Such beliefs determine an individual's thinking about feeling, customs, and patterns of behavior, etc.

The assumed capacity of any object to satisfy a human desire; any object (or state of affairs, intangible ideal) of interest. Social values are those which are commonly internalized by members of the system or subsystem to which members conform in their behavior.

Categories	Number of Excerpts
Reasoned - unreasoned continuum	0
Implications for role performance	0
Total	0

> A cultural heritage does not become an individual's possession through a mysterious absorption of the "intellectual climate," nor are his attitude and thought processes of simple reflex of that heritage... They affect behavior mainly because they have influenced verbal formulations. Patterns are assimilated into the person's own individually defined view of himself and the world which, although the product of unique experiences, is of course also socially determined.
>
> Thinking goes on in the form of a symbolic process, an inner conversation; hence thought, like speech is formulated in terms of the requirements of communicability.

> Socially transmitted traditions of thought determines among other things, which problems are important, which unimportant; which questions are crucial, which trivial; which solutions are to be rejected... and which ones judged acceptable, and so on.[1]

Activity Patterns.--Standardized way of behaving, under certain stimuli or in certain interactional situations, which is accepted or regulated by the group or culture.

Categories	Number of Excerpts
Acceptable - non-acceptable continuum . . .	1
Relationship effect on primary or secondary group relationships	0
Total	1

Excerpts

> Apparently he /client/ has frequented tarvens although it is not known whether this is for drinking or for some degree of social contact.

George Herbert Mead was among the first sociologists to note the importance of role taking by an individual in assuming for himself the meanings and values that others attach to a given situation.

> The physiological mechanism of the human individual's central nervous system makes it possible for him to take the attitudes of other individuals, and of the organized social group of which he and they are members, toward himself, in terms of his integrated social relations to them and to the group as a whole; so that the general social process of experience and behavior which the group is carrying on is directly presented to him in his own experience, and so that he is thereby able to govern and direct his conduct consciously and critically, with reference to his relations both to the social group

---

[1] Alfred R. Lindesmith and Anselm Strauss, Social Psychology (New York, 1956), pp. 238-239, 250.

as a whole and to its other individual members, in terms of this social process.[1]

Social Structure and Dynamics

Family.--A social group composed of parents, children, and other relatives in which affection and responsibility are shared.

> ...in every society we find a socially recognized unit which is distinguished from all other groups in the society by the fact that it is the unit which is held primarily responsible by the society for: (1) reproduction of members; (2) maintenance of new members during infancy and childhood; (3) socialization of new members into the values and skills required for adequate role planning and the ability to make a living which are so necessary to independent adult functioning. Usually only one socially recognized type of unit in any society is expected jointly to serve these three functions. To the unit in any society which performs these activities the term "family" is assigned.[2]

Categories	Number of Excerpts
Composition	7
Interactional patterns	14
Total	21

Excerpts

> ...The veteran is the fifth oldest of seven siblings....

> ...Prior to being hospitalized the veteran's history revealed an aura of parental conflict with his father....

The data extracted under this category pointed up the significance deemed by the agency, of family inter-relationship in their

---

[1]Joseph B. Gitter, Social Dynamics (New York, 1952), p. 9.

[2]John W. Bennett and Melvin M. Turmin, Social Life Structure and Function (New York, 1949), p. 546.

clients mental pathology.

The latter excerpt pointed specifically to client behavior assessed as a part of inter-related family relationships.

Educational System.--The social organization directed toward the realization of the socially accepted values by means of training in knowledge, attitudes, and skills.

> ...the school system as an agency is the structure of interacting groups (the teachers and pupils of individual schools, board of trustees and of education, and teacher's associations) within which persons with specified statuses and roles engage in the activity of education. Education is one of the activities which together with others contributes to the final form or pattern of meaning and motivation that characterizes a society.[1]

Categories	Number of Excerpts
Attitude toward learning	3
Level of Achievement and adjustment	6
School administrative actions	0
Total	9

Excerpts

> ...he had been skipping school and lost interest in his studies.

> He quit school in the tenth grade because he felt inferior and was without friends.

There was a very low incidence of classifiable data on this factor. It appears that the incidence should have been higher, due to the nature of the majority of the referrals in the cases studied, i. e., admission summaries for diagnostic purposes, when consideration is given to the

---

[1] Ibid., p. 167.

fact that school adjustment is often an indicator of family adjustment.

Bennett and Turmin further pointed out the significance of institutions in individual behavior. They stated:

> In some cases an institution may play a negative function in the life of an individual insofar as the existing practices and roles serve as a hindrance to his actions and drives. His reaction to that institution then would be to seek means of avoiding the consequences of its operation, or he can accept the adjustment worked out by a group of similarly hindered individuals. But even if this marginal adjustment is successful, it is clear that his life has been affected by the institution through the very necessity to adjust.[1]

Peer Group.--A group whose members have similar characteristics as to age, sex et cetera, e. g., friendship groups, cliques, gangs.

Of the ten records studied there were four excerpts which related to this factor, however the incidence more than doubled the number of excerpts. Although seven of the records had no excerpts which were classifiable under this section, the dictations often indicated an absence of peer group relationships by remarks, e. g., "...the patient tended to keep to himself." However, such remarks were not classifiable in terms of the operational definition.

Categories	Number of Excerpts
Type (structured - unstructured)	2
Interactional patterns	2
Total	4

Excerpt

> ...He visited his friend and former partner in the store in Washington and liked doing this.

---

[1] Ibid., p. 169.

Ethnic Group.--A group which is normally endogamous, membership being based on biological or cultural characteristics and traditions.

Categories	Number of Excerpts
Biological characteristics	7
Socially imposed characteristics	0
Interactional patterns	0
Total	7

Excerpts

"white"

"Negro"

Seven excerpts were taken from the records which related to this factor. All of them related to biological membership. Researcher felt that this was a results of sifting of material by workers, who recorded data which they felt was pertinent to the problem to be worked. Researcher would also speculate that little attention is devoted, beyond the theoretical approach of the sociologist, to the devastating effect of racism in the development of a healthy ego-ideal.

Class.--A horizontal social group organized in a stratified hierarchy of relationships.

A review of the literature indicated that class stratification has strong determining factors on the culture of individuals; also that this stratification is largely based on socio-economic structure.

> ...the lines of demarcation in an American community may be quite marked, with minimal contact between members of distinct classes....these distinctions may actually result in different cultures for different classes; by setting up barriers to social participation, the American social-class system actually prevents the vast majority of children of the working classes, or

slums, from learning any culture but that of their own groups.[1]

Categories	Number of Excerpts
Stratification status	0
Behavioral indications	1
Total	1

Excerpts

...Mr. F... [veteran's second husband] was considered to be a millionaire.

Of the ten records assessed for evaluation data on this category only one recorded statement referred to class distinction. However, there were inferences as to economic situation which would give a projected assessment of class status; but this material was not classifiable in this research project as it would have been a subjected assessment of the recording by the researcher.

Territorial Group.--A locality group which had developed sufficient social organization and cultural unity to be considered a regional community.

Categories	Number of Excerpts
Designation of area	5
Behavioral indications	0
Total	5

Excerpts

...the house is located in a new housing development northeast of the city where all the homes are alike.... Mrs. X. does not like the house or neighborhood saying it is all too uniform.

---

[1]Otto Klineberg, Social Psychology (New York, 1956), p. 370.

The excerpts extracted on this factor related to a designated city and state, which indicated place of residence, rather than neighborhood, or a culturally designated area, except in one instance. Researcher felt that this reflected the assessment of the worker as to what was pertinent.

Economic System.--A system concerned with the creation and distribution of valued goods and services, e. g., employment and occupation.

Categories	Number of Excerpts
Status of employment	13
Financial status	2
Behavioral indications	6
Total	21

Excerpt

...He indicated he was unable to get the jobs he wanted as long as he was on trial visit.

...We therefore request your assistance in locating job opportunities for your son.

...he has worked sixteen years in a steel mill as a steel worker....The patient has no other work experience.

Most of the data collected on this factor made reference to some status of being unemployed because of physiological disability.

There were other indications of displacement by automation, and difficulties around interpersonal adjustment on the job.

Data were taken from nine of the records on this factor; and it appeared that more focus was directed to this factor than any of the socio-cultural factors with the exception of "family."

Governmental System.--Refers to governmental units, e. g., courts, police, various forms of government and political parties.

Categories	Number of Excerpts
Units	6
Political ideology	0
Behavioral indications	5
Total	11

Excerpts

...February 1, 1943 when he enlisted in the army. He was discharged CDD on June 19, 1945.

...committed...August 28, 1957 by the Marion County Court, Indianapolis, Indiana.

There were also data on the face sheets which indicated that each client had been a member of the armed services. This information was not classified as it was obvious data which was appearent to the worker by virtue of the fact that client was a veteran, and no feeling aspect was conveyed by the clerical notation.

Religious System.--The system which is concerned with symbols, doctrines, beliefs, attitudes, behavior patterns and systems of ideas about man, the universe, and divine objects, and which is usually organized through association.

> Religion is the name for one of the major forms of activity which functions primarily to solve problems in the area of "maintenance of meaning and motivation;" the church is one of the major agencies, or structures of relationships and accompanying apparatus, within which religious behavior is carried on.[1]

This system, although not a part of government affects the lives of all individuals in our society, as the cultural development of our society was strongly influenced by prevailing religious principles; therefore

---

[1]Ibid., p. 168.

religious sanction plays an important part in our law making and governing bodies.

Categories	Number of Excerpts
Membership or affiliation	15
Expression of beliefs	1
Behavioral indications	4
Total	20

Excerpts

> ...on the morning he was hospitalized the patient had become violent, ran out into the street...was found by the police sitting naked in a church.

> ...she stated that the veteran had been quite interested in religosity....

The success of the hypothetical research model as a useful tool in assessing social functioning was not conclusively determined by this study. However it appeared to have operational merit as a tool in social work practice in the agency which this study was conducted. Only two of the records appeared void of any overall assessment factors suggested by the model; one of these records was a transfer case which was closed for unknown reasons apparently without a record of casework activity. Another case was unique in referral in terms of agency function and researcher feels might best have been referred to a community agency.

The data collected suggested that social workers in the agency are currently considering most of the factors suggested by the model in an unstructured manner.

Researcher is aware from observation of types of referrals received by the agency, during the time the study was conducted, that the assessment model would not be applicable to all problems referred for social

work service. However the majority of the case records studied in this project appeared applicable to use of the model for more thorough assessment purposes.

Researcher could not project the outcome of use of the model in practice toward enhancing better social functioning, other than projected value as supported by theory, because model has not been tested in practice.

CHAPTER IV

STATISTICAL CLASSIFICATION AND ANALYSIS

The statistical findings of the study are presented here on seven tables. These findings were analyzed and classified under seven categories taken from the schedule, i. e., incidence of data, location of excerpt in record, stage in agency contact, origin of data, source of data, breadth of data, and datum or interpretation. Each item of the schedule was applied to the above categories and the findings are reported on the succeeding tables.

Incidence of Data

The most significant findings of Table 1 were the categories which showed the highest incidence of data, i. e., ego functioning, patterns of interpersonal relationships, and economic system. Researcher felt this reflected the agency's focus of concern around returning patients to the community. The current philosophy, as indicated in Chapter II, was "exit planning began the day patient was admitted to the hospital."[1]

Findings indicated that there was a slightly higher incidence of data related to socio-cultural factors, than to personality factors; however the difference was negligible. Researcher felt this was perhaps related to the overall hospital program, and the medical staff's request for social service planning around patient's exit, and admission summaries

---

[1]Abraham Zuckerman, Interview with Chief, Social Work Service, January 10, 1963.

i.e., holding social service accountable for a full account of the patient's social situation.

The findings further indicated that the highest incidence of data related to ego functioning. This suggested that the workers saw this as a very important factor in assessing the social functioning of their clients.

There was no classifiable data on two of the factors; internalization of culturally derived beliefs, values, activity-patterns, and norms; and socio-cultural beliefs and values.

Person Discussed

A table was not constructed for data on this item as researcher only took data from the record which related to the primary client. Researcher made this decision after completing the pilot study in which all data in the social service record was classified. This method of classification was considered faulty as researcher gathered data which posed a problem around tabulating.

The schedules were set up for three items under each of the twenty-two categories. (The categories were changed to twenty-one after the group completed the schedules.) In instances where there were pertinent excerpts on the primary client the data on the family had to be recorded on extra sheets. Researcher recognized that all of this information could not be classified as the schedule was not constructed to be used as an open end schedule.

Researcher further considered the probability that family members were not clients of the agency, but rather collaterals. It was also observed that the manner in which the records were recorded allowed for assessment of the client in relationship with his family and other relationships. Further consideration was given the fact that an assessment

could not be made of the client except in relationship with others.

Researcher observed that disease entity was one of the family factors which was explored by the agency. This area was explored only in relation to the probable causative factor in the client's pathology.

The interest shown the primary client by his family was also a factor which the agency gave extensive consideration in their assessment of the client's social functioning in relation to collaterals.

Location of Excerpt in Record

Researcher classified all data which had been incorporated into the social service record which related to the primary client. Data was taken from the face sheet, narrative recording, admission summary, and the referral summary.

The first three classes appear self-explanatory; and referral summary refers to recording prepared on cases which are referred to another Veterans Administration facility for follow-up, continued medical and/or social work services.

Significant in this table was the higher incidence of data from admission summaries than other classes. There was an incidence of fifty on personality factors; and fifty-one socio-cultural factors.

The lowest incidence of recorded data was taken from the narrative recording. There was an incidence of twenty-seven for personality factors; and eighteen socio-cultural factors. Researcher observed that the face sheet data was not recorded by the social workers, therefore this data was only used in absence of other data, therefore the incidence of data under this class was lower than the other classes.

The highest incidence of data was recorded on socio-cultural factors.

TABLE 1

INCIDENCE OF DATA

Factors	Total Incidence	Schedules with Data						Schedules No Data
		One	Two	Three	Four	Five	Six	
Personality								
Innate or Genetic Potential								
Intellectual Potential	9	3	1		1			5
Basic thrust, drives instincts	3	1	1					8
Physical potential	7	3			1			6
Physiological Functioning	19	2	1		1	1	1	4
Ego Functioning								
Identifiable patterns for reacting to stress	54		1		1		8	
Internal organization of personality	12		2				1	7
Degree of Maturity	7	1					6	8
Self-Image	12	3	1	1	1			4
Patterns of Interpersonal Relationships	34	1	1	1		2	3	2
Internalization of Culturally Derived Beliefs, Values, Activity-Patterns and Norms	0							10
Sub-Total	157	14	8	2	5	3	19	54

TABLE 1 -- Continued

Factors	Total Incidence	Schedules with Data						Schedules No Data
		One	Two	Three	Four	Five	Six	
Socio-Cultural								
Cultural Derivations								
Beliefs and Values	0							10
Activity Patterns	3			1				9
Social Structure and Dynamics								
Family	26	1	2	5			1	1
Educational System	11	4	2	1				3
Peer Group	9	1		1		1		7
Ethnic Group	27	1	2	1	1	3		3
Class	1	1						9
Territorial Group	5	3	1					6
Economic System	44	2			2	4	1	1
Governmental System	13	2	2	1	1			4
Religious System	25	3	1	3		1	1	1
Sub-total	164	18	10	13	4	9	3	54
Grand-total	321	34	18	15	9	12	22	108

TABLE 2

LOCATION OF EXCERPT

Factors	Total	Face Sheet	Narrative	Admission Summary	Referral	Schedules with No Data
Personality						
Innate or Genetic Potential						
Intellectual potential	8		2	6		5
Basic thrusts, drives, instincts	3			3		8
Physical potential	5		1	1	3	6
Physiological Functioning	16		3	9	4	4
Ego Functioning						
Identifiable patterns for reacting to stress	30	1	9	11	9	
Internal organization of personality	11		2	4	5	7
Degree of Maturity	7		2	3	2	8
Self-Image	11		2	4	5	4
Patterns of Interpersonal Relationships	25		6	9	10	2
Internalization of Culturally Derived Beliefs, Values, Activity-Patterns and Norms						
Sub-total	116	1	27	50	38	54

TABLE 2 -- Continued

Factors	Total	Face Sheet	Narrative	Admission Summary	Referral	Schedules with No Data
Socio-Cultural						
Cultural Derivation						
Beliefs and Values						10
Activity-patterns	1					9
Social Structure and Dynamics						
Family	22		4	9	9	1
Education system	8			6	2	3
Peer group	6			3	3	7
Ethnic group	19	8	2	5	4	3
Class	1				1	9
Territorial group	9	4		2	3	6
Economic system	30	2	7	13	8	1
Governmental system	12	2	2	5	3	4
Religious system	18	3	3	8	4	1
Sub-total	126	19	18	51	37	54
Grand-total	242	20	45	101	75	108

Stage of Agency Contact

Four classes were used for tabulating these data, and reflected the involvement of social work service around the following activities from admission to discharge. Intake showed cases opened to obtain admission summaries for diagnostic purposes; no further social service was offered therefore the cases were closed. Early showed involvement of social service

in readmissions, and cases re-opened after intake. This class also showed first social work service contacts as during the period studied in these research cases were not routinely referred to social service for admission histories. Interim showed services offered around exit planning, pre-trial visit, and trial visit. Late showed services offered around exit planning and readmissions.

The classes used showed stage in contact in relation to the patient's admission to the hospital. There was a higher incidence for intake than any other period. There was an incidence of twenty-nine for personality factors during this period; and forty-three for socio-cultural factors. Interim showed the lowest incidence, with an incidence of sixteen for personality factors; and ten for socio-cultural factors.

Early showed an incidence of thirty-four personality factors, and thirty-two socio-cultural factors. Late showed an incidence of thirty-five personality factors; and twenty-five socio-cultural factors.

Personality showed the highest incidence of data, with an incidence of 114; in comparison to 110 socio-cultural factors.

The highest incidence of data for a single item appeared under ego functioning. Whereas the lowest were the two items, 'internalization of culturally derived beliefs, values, activity-patterns and norms, and beliefs and values, which showed no data.

Two items showed only one incidence of data, i. e., activity-patterns, and class.

There were relatively high incidences of data on economic system and family.

TABLE 3

STAGE OF AGENCY CONTACT

Factors	Total	In-take	Early	In-terim	Late	Schedules with No Data
Personality						
Innate or Genetic Potential						
Intellectual potential	8	3	1	1	3	5
Basic thrusts, drives, instincts	3		2		1	8
Physical potential	5	2	1		2	6
Physiological Functioning	16	3	7	1	5	4
Ego Functioning						
Identifiable patterns for reacting to stress	29	10	5	6	8	
Internal organization of personality	10		5	1	4	7
Degree of Maturity	7		2	3	2	8
Self-Image	10	4	3		3	4
Patterns of Interpersonal Relationships	26	7	8	4	7	2
Internalization of Culturally Derived Beliefs, Values, Activity-Patterns and Norms						10
Sub-total	114	29	34	16	35	54

TABLE 3 -- Continued

Factors	Total	In-take	Early	In-terim	Late	Schedules with No Data
Socio-Cultural						
Cultural Derivation						
Beliefs and Values						10
Activity-patterns	1	1				9
Social Structure and Dynamics						
Family	22	8	5	3	6	1
Education system	10	4	3	1	2	3
Peer group	6	2	2	1	1	7
Ethnic group	12	3	5	2	2	3
Class	1				1	9
Territorial group	4	2			2	6
Economic system	26	10	8	2	6	1
Governmental system	10	5	4		1	4
Religious system	18	8	5	1	4	1
Sub-total	110	43	32	10	25	54
Grand total	224	72	66	26	60	108

Origin of Data

Significant in this table was the highest incidence of data which was obtained by social workers in the agency in which the study was conducted. Although the medical diagnosis was determined by another discipline, the social workers incorporated the diagnosis into all of their recordings and assessed the social functioning of the client in relation to the client's physiological functioning.

The classes which showed the lowest incidences of data were relative

and other discipline. This reflects a judgement made by researcher, as all information incorporated into the worker's record was classified in the column which showed worker's activities, however the researcher was aware that medical diagnosis originated with another discipline. It was also necessary to make a similar judgement around information obtained by worker in other agency (usually Regional Office), as their trial visit reports were obviously information which was obtained from the client, and his relatives. However this information was often classified under social worker in other agency as it was a part of the worker's report and was not always clear whether it was an observation or something they had been told by the relatives of client.

Personality factors showed the highest incidence of data, with a total incidence of 105, in comparison with a total of 103 for socio-cultural factors.

Significant in this table is the contrast on focus of the workers in the agency and the Regional Office. There was an incidence of twenty-one personality factors, and thirteen socio-cultural factors for other workers in comparison to seventy-six and eighty-five respectively, from workers in the agency.

Source of Data

Table 5 showed from whom the information was obtained. Researcher used five classes, i.e., social worker, client, relative, other, and unknown.

The highest incidence of data appeared in the column, social worker own agency. The lowest incidence of data appeared in the other column.

There was a rather high incidence of data in the unknown column; with as many incidences as client on personality factors. However in the socio-cultural factors the client column was much higher than the unknown column.

Researcher made no judgements in this table, data which could not be associated with the source was placed in the unknown column.

Breadth of Data

This table showed the number of persons who made reference to an excerpt. Five classes were used for tabulating the data, i. e., one, two, three, four, and unknown. There were few excerpts where the statement was by four persons and none with a wider breadth.

The highest tabulation of data had a breadth of one, with the tabulation being far greater under socio-cultural than personality factors. The grand total for this column was more than double that of any other column.

The breadth was wider for socio-cultural factors than for personality factors.

TABLE 4

ORIGIN OF DATA

Factors	Total	Relative	Social worker agency	Social worker other agency	Other discipline	Unknown	Schedules with no data
Personality							
Innate or Genetic Potential							
Intellectual potential	8		5	1	1	1	5
Basic thrusts, drives, instincts	4		3	1			8
Physical potential	6	1	3	1		1	6
Physiological Functioning	15		11	2	1	1	4
Ego Functioning							
Identifiable patterns for reacting to stress	30	1	24	4	1		
Internal organization of personality	8		4	3		1	7
Degree of Maturity	4		4				8
Self-Image	10		7	3			4
Patterns of Interpersonal Relationships	21		15	6			2
Internalization of Culturally Derived Beliefs, Values, Activity-Patterns and Norms							10
Sub-total	106	2	76	21	3	4	54

TABLE 4 -- Continued

Factors	Total	Relative	Social worker agency	Social worker other agency	Other discipline	Unknown	Schedules with no data
Socio-Cultural							
Cultural Derivation							
Beliefs and values							10
Activity-patterns	1		1				9
Social Structure and Dynamics							
Family	23		21	2			1
Education system	9		7	2			3
Peer group	4		3	1			7
Ethnic group	9		7			2	3
Class	1		1				9
Territorial group	5		3	2			6
Economic system	25		22	3			1
Governmental system	11		9	1		1	4
Religious system	15		11	2		2	1
Sub-total	103		85	13		5	54
Grand-total	208	2	161	34	3	9	108

TABLE 5

SOURCE OF DATA

Factors	Total	Social worker	Client	Relative	Other	Unknown	Schedules with no data
Personality							
Innate or Genetic Potential							
Intellectual potential	8	3				5	5
Basic thrusts, drives, instincts	3	2		1			8
Physical potential	5	2		3			6
Physiological Functioning	16	2	2	1	2	9	4
Ego Functioning							
Identifiable patterns for reacting to stress	30	5	8	5	6	6	
Internal organization of personality	11	3	1	4	1	2	7
Degree of Maturity	7	2	2	2		1	8
Self-Image	11		6	4		1	4
Patterns of Interpersonal Relationships	25	14	6	4		1	4
Internalization of Culturally Derived Beliefs, Values, Activity-Patterns and Norms							10
Sub-total	116	31	25	24	9	25	54
Socio-Cultural							
Cultural Derivation							
Beliefs and Values							10
Activity-patterns	1				1		9
Social Structure and Dynamics							
Family	22	1	10	7		4	1
Education system	8		4	1		3	3
Peer group	6	1	3	2			7
Ethnic group	9	7		1		1	3
Class	1	1					9
Territorial group	9	1	4			4	6
Economic system	30	5	11	11		3	1
Governmental system	12	1	3	2	2	4	4
Religious system	18	1	4	4	1	8	1
Sub-total	116	18	39	28	4	27	54
Grand-total	232	49	64	52	13	52	108

TABLE 6

BREADTH OF DATA

Factors	Total	One	Two	Three	Four	Un-known	Sched-ules with no data
Personality							
Innate or Genetic Potential	8	3				5	5
Intellectual potential							
Basic thrusts, drives instincts	3	3					8
Physical potential	5	4	1				6
Physiological Functioning	16	4	1	2	2	9	4
Ego Functioning							
Identifiable patterns for reacting to stress	30	7	10	3	4	6	
Internal organization of personality	11	4	2	3		2	7
Degree of Maturity	7	1		5		1	8
Self-Image	11	9	1			1	4
Patterns of Interpersonal Relationships	25	13	6	5		1	2
Internalization of Culturally Derived Beliefs, Values Activity-Patterns and Norms							10
Sub-total	116	48	21	16	6	25	54
Socio-Cultural							
Cultural Derivation							
Beliefs and Values							10
Activity-patterns	1	1					9
Social Structure and Dynamics							
Family	22	18				4	1
Education system	8	8				3	3
Peer group	6	3		3			7
Ethnic group	9	5		3		1	3
Class	1	1					9
Territorial group	9	5				4	6
Economic system	30	17	6	3	4		1
Governmental system	12	6	2			4	4
Religious system	18	12	3		2	1	1
Sub-total	116	76	11	9	6	17	54
Grand-total	232	124	32	25	12	42	108

TABLE 7

DATUM OR INTERPRETATION

	Total	Datum plus Interpretation	Interpretation	Datum only	Schedules with no data
Personality					
Innate or Genetic Potential					
Intellectual potential	8	6	1	1	5
Basic thrusts, drives, instincts	3	3			8
Physical potential	4			4	6
Physiological Functioning	12	3		9	4
Ego Functioning					
Identifiable patterns for reacting to stress	29	13		16	
Internal organization of personality	6	3		3	7
Degree of Maturity	5	2	1	2	8
Self-Image	10	4	2	4	4
Patterns of Interpersonal Relationships	18	15		3	2
Internalization of Culturally Derived Beliefs, Values, Activity-Patterns and Norms					10
Sub-total	95	49	4	42	54
Socio-Cultural					
Cultural Derivation					
Beliefs and Values					10
Activity-patterns	1	1			9
Social Structure and Dynamics					
Family	22	8		14	1
Educational system	9	5		4	3
Peer group	5	3		2	7
Ethnic group	9			9	3
Class	1			1	9
Territorial group	5	1		4	6
Economic system	22	7		15	1
Governmental system	10	1		9	4
Religious system	16	6		10	1
Sub-total	100	32		68	54
Grand-total	195	81	4	110	108

Datum or Interpretation

There were three classes for tabulating this data, i. e., datum plus interpretation, interpretation only, and datum only. The highest incidence of data appeared in the datum only class. The lowest incidence occurred in the interpretation only class. There were no data on socio-cultural factors tabulated under this class.

All of the statistical classifications had a column for schedules with no data. However the total does not really show schedules with no data, as there were only ten schedules used in the study. In actuality this total showed an absence of excerpts relating to the factors considered.

Researcher found that the totals did not coincide in tabulation of the data as tabulation for incidences was carried throughout the research classification, and it was difficult to delete this material in all cases.

CHAPTER V

SUMMARY AND CONCLUSIONS

The purpose of this research project was to test the model of assessment of social functioning prepared by the Human Growth and Behavior and Research Committees of the Atlanta University School of Social Work. This project was undertaken in recognition of the probable necessity of a schematic system of assessment in the field of social work. Researcher of this specific project made a contribution to the group project by studying ten case records of social service activity of the Veterans Administration Hospital - Marion, Indiana, and recorded findings here for further consideration. This study was designed to ascertain to what extent there was correspondence between assessment information obtained by the social work service unit of the Veterans Administration Hospital - Marion, Indiana, in comparison to factors in the assessment model.

For the purpose of this study, assessment was defined as the identification and evaluation of those socio-cultural and individual factors in role performance which make for social dysfunction as well as adequate social functioning. The twenty-one factors included in the model appeared valid in making a thorough assessment as items related to the psycho-physio-socio-cultural aspects of the client's social functioning on a continuum.

Classifications were set up for analysis and tabulation of the data. The scheduled items of excerpts were classified on tables to show incidence, persons discussed, location in record, stage in agency contact, origin of

data, source of data, breadth of data, and datum or interpretation.

Content was taken from the records on all factors except internalization of culturally derived beliefs, values, activity-patterns, and norms; and culturally derived beliefs and values. There was no recorded information which indicated the worker attempted to determine such information from the clients. However the remainder of the factors showed incidence of classifiable material. The person discussed in all excerpts was the primary client as researcher felt it would be misleading to show assessment information on family members who were not in treatment, However, any information which showed client's functioning in relationships with others was classified. The focus of treatment in the setting was the primary client. This was due to administrative practice as the agency operates under the auspicies of the Veterans Administration, with direct service offered only to veterans of the armed services. Researcher observed that all information was obtained by social worker in the agency studied, social worker in another Veterans Administration installation, or military social worker. Information was often by other disciplines, i.e., medical, psychology, nursing service. Other persons, professional or non-professional also obtained information which was incorporated in social work service recording. A class was set up for unknown when it was not clear as to the origin of data. The source of data was social worker, client, relative or other discipline, and unknown. Breadth of data showed four as the highest width of an excerpt. Excerpts were classified in accordance with datum or interpretation, or a combination of both. (See tables for incidence of classifiable data.)

The socio-cultural factors showed a higher incidence than personality factors. Researcher felt that the absence of data on two categories did

not show an imbalance in data classified as there was one class void under each factor. The difference was slight; however there was a large imbalance of data classified under ego-functioning. This factor showed the highest incidence of data. The classification, economic system, showed the second highest incidence. Patterns of interpersonal relationship showed the third highest incidence.

The categories which showed the lowest incidence respectively were class, and activity patterns under socio-cultural factors; and basic thrust, drives and instincts, a personality factor. Researcher felt the latter mentioned facts reflected the agency's philosophy of assessment of patient's social functioning, with the factors which showed the highest incidence being given primary concern in treatment; and the factors which showed the lowest incidence being considered least important in treatment of an individual client. Researcher felt that factors such as class, and activity-patterns would tend to be difficult to ascertain, without a great deal of subjectivity on the part of worker and client. Such an assessment might also lead to provocation of clients as the agency was hosted by a neuro-psychiatric hospital; and there tends to be an element of denial and projection elicited from relatives and clients in cases of psychiatric illnesses as mental illness continues to be a greater threat than most cases of physiological dysfunctioning. Patients in such settings also have a greater sense of security than in most public agencies; thereby being secure in knowledge of appeal through administrative channels, or other veteran's auxiliaries pose a greater threat around eliciting certain factors.

The assessment of social functioning by the agency, as compared with

the model appeared similar by virtue of researcher's findings in recordings which were not prepared for research purposes. However, the disproportionate incidence indicated that the method of assessment was somewhat unstructured determined by worker's choice, ability, et cetera. Although the Veterans Administration has a guide for service, it allows for much administrative flexibility. Nevertheless this factor might have been a determining factor in the items considered in assessing social functioning of clients.

Researcher could not make a valid conclusion around improved services to clients through use of the model, as it has not been tested in practice. However, the close correlation of agency assessment and research model tends to show a certain amount of validity for use in practice, as it would structure services which are apparently being offered in a loosely structured manner. Recognition is given the fact that the sample was not representative of the agency's case closings for the period studied; also that the model was not constructed on an individualized basis of agency problems. Researcher observed that the model would be entirely useless in some types of referrals in the setting studied. Of equal importance is the philosophy of offering service to veterans. Although the services offered are public, researcher would hypothesis that the acceptance by the public of veterans' services being offered as an inherent right rather than a privilege is more operative than in any other area of service. Thereby, the subjectivity of the clients would tend to be different from most clients in other settings. The agency meets certain dependency needs of clients in an unacknowledged manner due to the historic philosophy of the agency, clients feeling, and public

acceptance of the service.

The service of the Veterans Administration are guarded by the legions of veterans, able and disabled, who are active in determining the policy as well as the administration of policy. This fact tended to be a determinant of the service offered to clients by the agency.

APPENDIXES

APPENDIX A

ASSESSMENT* OF SOCIAL FUNCTIONING: TENTATIVE MODEL

Personality Factors	Social Functioning (role performance) In Social Situations	Socio-Cultural Factors
A. Innate or Genetic Potential 1. Intellectual potential (Intelligence) 2. Basic thrust, drives, instincts 3. Physical potential B. Physiological Functioning C. Ego Functioning (intra-psychic adjustment) 1. Identifiable patterns developed for reacting to stress and restoring dynamic equilibrium. 2. Internal organization of the personality. D. Degree of Maturity E. Self-Image F. Patterns of Interpersonal Relationship and Emotional Expression Related Thereto. G. Internalizations of culturally derived beliefs, values, norms, activity-patterns, and the feelings appropriate for each.	Adequate role performance requires 1. Action consistent with system norms and goals. 2. The necessary skills in role tasks and interpersonal relationships. 3. The necessary intrapersonal organization. 4. Self and other(s) satisfactions	A. Cultural Derivations 1. Beliefs and values (symbol system) 2. Activity-patterns The feelings appropriate to each of the above. B. Social Structure and Dynamics 1. Family 2. Education 3. Peer group 4. Ethnic groups 5. Class 6. Territorial groups 7. Economic groups 8. Political groups. 9. Religious groups

*ASSESSMENT: The identification and evaluation of those socio-cultural and individual factors in role performance which make for social dysfunction as well as adequate social functioning.

APPENDIX B

ASSESSMENT SCHEDULE

Identifying Information

Name of Agency: _____ Name of Student _____

Social Work Method and
Field of Practice: _____ Date Schedule Completed: _____

Agency Staff Member: _____

Case

Code number of record: _____

Client's sex: _____

Dates of case duration and client's age:

	Date	Age		Date	Age
Opened	_____	____	Closed	_____	_____
Opened	_____	____	Closed	_____	_____
Opened	_____	____	Closed	_____	_____
Opened	_____	____	Closed	_____	_____
Opened	_____	____	Closed	_____	_____

(Place asterisk (*) before the period(s) used in this schedule.)

Nature of the Problem: _____

_____

_____

_____

_____

_____

_____

PERSONALITY FACTORS	2 Incidence	3 Person Discussed	4 Location	5 Stage in Contact	6 Origin	7 Source	8 Breadth	9 Interpretation
A. Innate or Genetic Potential								
1. Intellectual Potential								
1)								
2)								
3)								
2. Basic Thrusts, Drives, Instincts								
1)								
2)								
3)								

There were nineteen other items included in the schedule. These items were listed in the chronological order which they appeared on the model. These nineteen items were analyzed in a similar manner as the items on the previous page.

BIBLIOGRAPHY

Books

Ackerman, Nathan W. The Psychodynamics of Family Life. New York: Basic Books, Inc., 1958.

Bartlett, Hariett N. Social Work Practice in the Health Field. New York: National Association of Social Workers, 1959.

Bennett, John W. and Turmin, Melvin M. Social Life. New York: Alfred A. Knopf, 1949.

Boehm, Werner. The Social Casework Method in Social Work Education. New York: Council on Social Work Education, 1959.

Butler, Ruth M. An Orientation to Knowledge of Human Growth and Behavior in Social Work Education. New York: Council on Social Work Education, 1959.

Conover, Merrill B., Fink, Arthur E., and Wilson, Everett E. The Field of Social Work. 3rd ed. New York: Henry Holt and Co., 1958.

Coleman, James C. Abnormal Psychology and Modern Life. Chicago: Scott Foresman and Co., 1956.

Dunham, Arthur. Community Welfare Organization. New York: Thomas Y. Crowell Co., 1958.

Hall, Calvin S. and Lindzey, Gardner. Theories of Personality. New York: John Wiley and Sons, Inc., 1957.

Hilgard, Ernest R. Introduction to Psychology. New York: Harcourt, Brace and Co., 1957.

Lazarus, Richard S. and Shaffer, G. Wilson. Fundamental Concepts in Clinical Psychology. New York: McGraw-Hill Book Co., 1952.

Lindesmith, Alfred R. and Strauss, Anselm L. Social Psychology. New York: Henry Holt and Co., Inc., 1956.

Parad, Howard J. (ed.). Ego Psychology and Dynamic Casework. New York: Family Service Association of America, 1958.

Perlman, Helen. Social Casework. Chicago: University of Chicago Press, 1957.

Richmond, Mary E. Social Diagnosis. New York: Harper and Brothers, 1929.

Trecker, Harleigh. Social Group Work. New York: Whiteside Inc., 1955.

Reports

National Military Home. Marion, Indiana: Teachers Journal Printing Co., 1908.

Veterans Administration Hospital. Annual Report. Marion, Indiana: 1961.

Articles

Abrams, Ruth and Dana, Bess S. "Social Work in The Process of Rehabilitation," Social Casework, II (October, 1957), 10-15.

Boehm, Werner W. "The Nature of Social Work," Social Work, III (April, 1956), 10-18.

Loeb, Martin. "The Backdrop for Social Research," Social Science Theory and Social Work Research, Edited by Leonard Kogan. New York: National Association of Social Work, 1960, 3-15.

Maas, Henry. "Use of Behavioral Science in Social Work Education," Social Work, III (July, 1958), 62-69.

Perlman, Helen. "The Role Concept and Social Casework: Some Explorations. II What Is Social Diagnosis?" Social Service Review, XXXVI (March, 1962), 17-31.

Perlman, Helen. "The Social Casework Method in Social Work Education," Social Service Review, XXXIII (December, 1959), 423-428.

Spergel, Irving. "A Multidimensional Model for Social Work Practice: The Youth Worker Example," Social Service Review, XXXVI (March, 1962), 62-71.

Unpublished Material

Hill, Genevieve. Lecture, Social Casework III class, Atlanta University School of Social Work, Atlanta, Georgia, June, 1963.

Martin, Milton L. "A Comparison of The Worker's and Group Members Evaluation of The Group Process." Unpublished Master's thesis, Atlanta University School of Social Work, 1961.

Menefee, Harold. "A Study of Social Assessment at The Veterans Administration Hospital-Marion, Indiana." Unpublished Master's thesis, Atlanta University School of Social Work, 1962.

Other Sources

Public Monument. Marion, Indiana: (Lincoln Boulevard).

Veterans Administration Hospital-Marion, Indiana. Letter from Miss Edna Snapp, former Chief of Social Work Service Veterans Administration Hospital, Marion, Indiana.

Interview with the Assistant Manager, Veterans Administration Hospital, Marion, Indiana, January 10, 1963.

Interview with the Chief of Social Work Service, Veterans Administration Hospital, Marion, Indiana, January 10, 1963.